CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

Please type or print in ink.

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received

dd313117

NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
LaPorte	Kathleen		Darken
1. Office, Agency, or Court			
Agency Name (Do not use acronyms) Calfun(a In	-shate of Regene	apre Medizi	ny
Division, Board, Department, District, if applicable	d - Andependent	afre Medize Cetzens Over	sight Committe
▶ If filing for multiple positions, list below or on a	an attachment. (Do not use acronyms)	U	U
Agency:	Positi	ion:	
2. Jurisdiction of Office (Check at least of	ne box)		
State	☐ Judç	je or Court Commissioner (Stat	tewide Jurisdiction)
Multi-County	_	nty of	•
☐ City of	Othe	PF	
0.7.600			
3. Type of Statement (Check at least one	·		
Annual: The period covered is January 1, 2 December 31, 2016.		ving Office: Date Left eck one)	<i></i>
The period covered is/ December 31, 2016.		The period covered is January leaving office.	1, 2016, through the date of
Assuming Office: Date assumed		The period covered is/_ the date of leaving office.	, through
Candidate: Election year	and office sought, if different than	Part 1:	
4. Schedule Summary (must complet Schedules attached	e) ► Total number of pages in	ncluding this cover pag	e:
Schedule A-1 - Investments – schedule a	ittached Schedule C	- Income, Loans, & Business	Positions - schedule attached
Schedule A-2 - Investments – schedule a		- Income - Gifts - schedule a	
Schedule B - Real Property - schedule a	ttached Schedule E	- Income - Gifts - Travel Pay	ments - schedule attached
-or-			
None - No reportable interests on a	ny schedule		
5. Verification MAILING ADDRESS STREET			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Documen		STATE	ZIP CODE
CIRM - 1999 Hamsa	n of Sute 1650	Oaklard CA	94612
(510) 340 9101	E-MAIL ADDRES	orte 787 @ gn	nail. com
I have used all reasonable diligence in preparing the herein and in any attached schedules is true and	nis statement. I have reviewed this stater complete. I acknowledge this is a public	ment and to the best of my kno c document.	wledge the information contained
I certify under penalty of perjury under the law	vs of the State of California that the fo	regoing is true and correct.	
Date Signed 3 30 17	Signature	Kahl L	Poli
(month, day, year)		(File the originally signed statemen	nt with your filing official.)

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%) Do not attach brokerage or financial statements.

FAIR POLITICAL F	PRACTICES COMMISSION
Name	
Vahla	101
Kanleen	LaPort

CALIFORNIA FORM 7

NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
- Kelint Inc	(mon Vaul T Sustems
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Senit and otor	Data Strage Sofrare
FAIR MARKET VALUE	FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other
Partnership O Income Received of \$0 - \$499	(Describe) Partnership O Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
MICHOSOFT	Kely Os a
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Soffnae	Bupharmacetizals
FAIR MARKET VALUE	FAIR MARKET VALUE
☐ \$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	,NATURE OF INVESTMENT
Stock Other	Stock Other
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499
C manufacture of these of more (report an contention of	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	My Health leams
	GENERAL DESCRIPTION OF THIS BUSINESS
Medizal Peria	Social Media
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	MATURE
Stock Other	NATURE OF INVESTMENT Stock Other
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499
The state of account of acreause of	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
•	,
Comments:	

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Kathlen laforte

NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Ciza Systems	Alive us
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
D.L. C.	Medral Devis
Data Communication	measur sevil
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	\$2,000 - \$10,000
S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other	Stock Other
(Describe) Partnership O Income Received of \$0 - \$499	(Describe)
O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
	S means the street of the street of the street of
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Cadance Rusuldizal	Pharmasecure
GENERAL DESCRIPTION OF THIS BUSINESS	
	GENERAL DESCRIPTION OF THIS BUSINESS
Mediral device	Softman
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other(Describe)
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF 1881 10 10 10 10 10 10 10 10 10 10 10 10 10	
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	NAME OF PURPOSE STATES
Exxon	► NAME OF BUSINESS ENTITY F.M. C.
GENERAL DESCRIPTION OF THIS BUSINESS	
OLIVER DECOME FION OF THIS DUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
01	Da ta
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$\times \$10,001 - \$100,000	\$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
	land the state of
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT
Stock Other(Describe)	Stock Other (Describe)
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
2 28	A THE GOADLE, LIST DATE.
1 16 3 20 16	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
Comments:	

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM	700
Name	

► 1. BUSINESS ENTITY OR TRUS	► 1. BUSINESS ENTITY OR TRUST
Esso LaPorte Investments	
170 Harbor Way Solt-San Franscisa	Name
Address (Business Address Acceptable) Check one	Address (Business Address Acceptable)
Trust, go to 2	Check one ☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
Family on vestment Partnership	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 //16 //16 \$10,001 - \$100,000 ACQUIRED DISPOSED \$100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Cver \$1,000,000
NATURE OF INVESTMENT Partnership Sole Proprietorship	NATURE OF INVESTMENT Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION General Vantur	YOUR BUSINESS POSITION
▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000	\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000
3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Amedia supports sheet a necessity) None or Names listed below	3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10.000 OR MORE Attacks reporte sheet if necessary. None or Names listed below.
New Leaf Venture associates It C.P. New Leaf Venture associates It C.P. DLJ associates IX C.P.	
▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:	▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:
NOVESTMENT REAL PROPERTY Was Leg Venture assurates I LP. Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property Venture Fund	Name of Business Entity of Investment, or Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 100,000 1	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \frac{16}{2} 16
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
Comments:	FPPC Form 700 (2016/2017) Sch. A-2

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts (Ownership Interest is 10% or Greater)

CALIFORNIA FO	
Ka thleen	laPorte

1. BUSINESS ENTITY OR IRUS	► 1 BUSINESS ENTITY OR TRUST
la Porte Investments C.P. Commund	1
170 Harbor Way Sort Sun Francisco	Name
Address (Business Address Acceptation)	Address (Business Address Acceptable)
Check one Trust, go to 2 Business Entity, complete the box, then go to 2	Check one ☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 //16 //16 //16 //16 //16 //16 //16 //16 //100,001 - \$1,000,000 \$100,001 - \$1,000,000 \$0 ver \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Partnership Sole Proprietorship	NATURE OF INVESTMENT Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION GOVERN FAMEL	YOUR BUSINESS POSITION
▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	▶ 2 IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000	\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000
3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Author) a supporte sheet of processory.) None or Names listed below	3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (article) a separate short it me assay, it is not income or Names listed below.
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: INVESTMENT □ REAL PROPERTY OF A COMMENT TO THE STATE OF THE	► 4 INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: INVESTMENT REAL PROPERTY
Name of Bosiness Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 / 16	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 /
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Ver remaining Other	Leasehold Other
Yrs. remaining Check box if additional schedules reporting investments or real property are attached	Yrs. remaining Check box if additional schedules reporting investments or real property are attached
Comments:	FPPC Form 700 (2016/2017) Sch. A-2

SCHEDULE C Income, Loans, & Business Positions (Other than Gifts and Travel Payments)

CALIFORNIA FO	
Name Kahler	la Porte

▶ 1. INCOME RECEIVED	► 1 INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Nodality Inc	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
170 Harbor War Sola Gu	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Rilector de Havasco	BOOMESO ACTIVITY, IF ART, OF SOURCE
YOUR BUSINESS POSITION	VOUR BURNING POOLING
CI-OT IN THE	YOUR BUSINESS POSITION
- Chief CKECONIC OTTHER	•
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ○ OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Colo of
(Real property, car, boat, etc.)	Sale of(Real property, car, boat, etc.)
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
	La contraction of project of motor
(Describe)	(Describe)
Other	Other
(Describe)	(Describe)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	юф
retail installment or credit card transaction, made in the	ending institutions, or any indebtedness created as part of a lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's s:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)	%
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
•	_
HOUSE DU MOS DUDING DESCRIPTION	Real PropertyStreet address
HIGHEST BALANCE DURING REPORTING PERIOD	STOR GAGOOD
\$500 - \$1,000	City
S1,001 - \$10,000	
S10,001 - \$100,000	Guarantor
OVER \$100,000	[] Oliver
	Other(Describe)
Community	
Comments:	